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001/008

Fee Only

DOCKET NO. IND 0038DIV1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: James
Serial No.: 10/726,806
Filed : Dec. 3, 2003
For : OPTICAL FIBER INCLUDING A DIFFUSER PORTION AND CONTINUOUS
SLEEVE FOR THE TRANSMISSION OF LIGHT
Customer No. 000027777

Conf. No. 4108
Art Unit: 2883
Examiner: Joanna H Kim

I certify this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office on April 15, 2005.

/Gerry Gressel/
Gerry Gressel, reg. #34,342

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Response to NonFinal Rejection dated November 18, 2004

Petition for 2 Month Extension of Time:

The Commissioner is hereby petitioned for a 2 month extension of time. Authorization is hereby provided to charge the fee of \$450 as well as any other fee required to preserve the application to Deposit Account 10-0750/IND38DIV1/GSG.

Amendments to the Claims begin on Page 2.

Remarks begin on page 5.

04/21/2005 PYARDDRD 00000003 100750 10726806

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10726806

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	14	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	14 minus 20 =	-
INDEPENDENT CLAIMS	3 minus 3 =	-
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

12363

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	16	20	4
Independent	3	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	15	20	0
Independent	3	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	770

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	7
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	